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ORAL HYGIENE



OCTOBER
1927

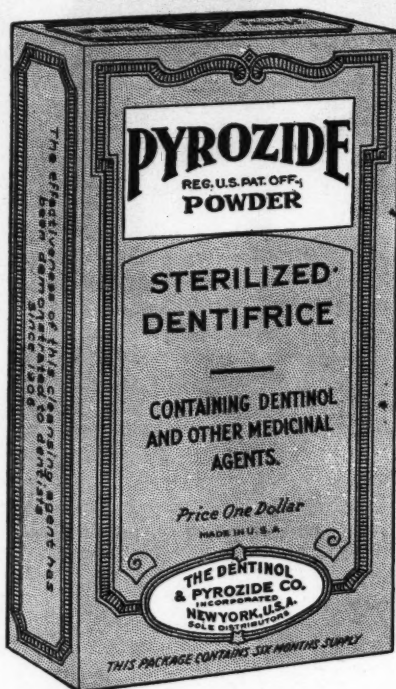
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The BUSINESS MANAGER'S CORNER

Vert batting for Mass



OCTOBER 1927

CORNER NUMBER 75

MASS is back at Brookside Farms again, out in the sunshine and fresh air. The first night out at Brookside he thought he would have to have someone beat a dishpan so he could go to sleep. He had become so accustomed to freight trains passing about bedtime, that the quietness of Brookside actually kept him awake. He says he's through posing for Simmons bed ads and now that he can get about he's happy.

Mass caught up with his reading while residing at the A.G.H. He must have received more than a dozen books in all. I became interested in one in particular. It was *Trader Horn*. It is written by a man seventy-three years old. It is his life as an ivory and rubber trader on the west coast of Africa. If you want a different kind of a thrill read *Trader Horn*.

It looks like the chief has acquired a desire to avoid work and, as he puts it, "I'm just plain lazy and you write the CORNER." I remonstrated the best I could but to no avail. He

said I was not to mention him except in a casual way. I told him that I couldn't write anything that would interest our readers when hundreds of his friends were anxious to know how he was getting along. I tried to show him that he had received hundreds of letters and telegrams from his friends in the trade and in the profession inquiring about his health and wishing him a speedy recovery and that they had a right to know how things were going. He admonished me some more and I saw there was no use arguing with that guy so I gave up. Orders is orders, so "Mum's" the word.

In looking over some of the letters he received I came across some paragraphs that are gems for wit and wise-cracks. Mass got a big wallop reading them.

Here is one: "Please, Mass, the next time you go to a hospital, pick one with a better name. How in the hell do you expect me to spell the name of

that one twice the same way?"

No Sympathy Here

"Dear Mass: I just recently learned that you had an encounter with a fractious horse. After this strenuous experience, you ought to realize that you are now too old to be a Loch-invar.

"I didn't hear all the details. Did you fall on the horse or did the horse fall on you?

"Anyway I am inclined to withhold my sympathy. If you are as wild and reckless a rider as you are a driver you had that bump coming."

A lady admirer writes: "Don't think you are a young buck and can ride wild horses. Keep your feet on the ground and be your age."

Friend of Man

"We suggest that you confine your horseback riding to one of these mechanical affairs endorsed by the man who, 'does not choose.' This accident of yours is rather complicated, because we have always been told that the horse is a friend of man. Either this is the bunk or you are not a man. Which is it, or do you refuse to answer? We regret exceedingly that you have been so miserably treated by this noble animal."

"I'm surprised to hear that you thought you'd get away big with that stuff in Canada, where they are used to experts doing nose dives off of horses."

He's Not in Jail

"We hope it won't be long before your prison officials release you from your straight-jacket and permit you to return to duty."

Another real sympathetic fellow writes: "Now, Mass, the next time you want to go North on a vacation, you just tell me, and I'll bring you North, because up there is my stamping ground—but, frankly, I do not go on horseback. Where I go, a horse would not find room to push his nose through, and the only thing you can ride is a bucking canoe, and the only place you can sleep is in a tent—but, oh my! The poetry you can write in your mind when you are sitting around a campfire at night-time and the river out in darkness is making music and the pine logs on the fire are burning incense.

"Anyway, you old egg, you have no right to go North until you get a regular northman to show you the ropes."

Someone else writes in: "Would suggest you take a few lessons from the Prince of Wales when it comes to being thrown from a horse for he has the technic down pat."

A Scotch Kiss

"Now, the fact is you are all we have and the best we have and your spirit goes out with the point of your pen, remember, and now I will give you a

real old-fashioned Scotch kiss by saying that no matter how damned poor and inexcusable your stuff is it is the best and the most human we get and we thank you."

Restrained by Empire

"You know, this habit of emulating the Prince may be all right sartorially, but it is a little risky to stick too close to his style of horsemanship, especially for a bird like you, most of whose riding is done in a swivel chair with arms on it at that. You may recall that after your model of a horseman took his last tumble, the British Cabinet presented a memorandum requesting him to cease and desist in the interest of the Empire. If your attempted horsemanship is an indication that you are growing daredevilish I guess the dental trade will have to request you to cut it out and behave yourself as becomes a man of your position."

More Practice

"Evidently you need a little more practice for he seems to be able to tumble off horses quite a number of times without having to go to the hospital afterwards."

I Don't Know

"Mass, I got a tremendous kick out of the CORNER this time and I believe it is one of the best things you have done. Do you suppose lying down in the horizontal position has anything to do with your think tank? Do

you imagine that it functions better that way than standing up on end?"

So Sorry

"Just read of your being confined. Sorry as hell, of course, because I don't hate you quite as bad as that. For the love of Mike why not stay home? Why leave this beautiful land to go North in the summer? That is what all geese do."

"While reading through the *Piccadilly Ledger*, published over in London, England, I was deeply shocked to hear of the accident you encountered up in St. Jovite, recently. The account in the newspaper stated that even though you are an experienced horseman and had ridden fiery mounts all over our middle-west, they had a suspicion that perhaps the proximity of the Prince of Wales might have had something to do with the trouble."

All joking aside, Mass really did enjoy these bright squibs and in the letters he dictated in answer, he came back with some lively replies.

He and I had planned to attend the big meeting in Detroit this month and knowing that it was going to be an international meeting we had reserved a room in Windsor, Canada, and also one in Detroit. The Doctor tells Mass that he had better not make the trip, so in order to play safe he's going to stay at home. Bill Conant, our Chicago representative, and I, have ar-

ranged for suitable bunks in Detroit.

Frederick A. Spolane, who runs an advertising agency in New York, writes ORAL HYGIENE: "That broadside of yours, announcing the K. O. for 'Old Summer Slump,' being of more than usual interest to me, I would like about thirty copies for my use, provided you can spare them." We're glad that somebody reads and likes our stuff.

This month we sent out a broadside giving the results of Perdentin advertising in ORAL HYGIENE. Two hundred and eighty-six cash orders from a page ad in a summer issue. They write us that their August business was over double that of July.

Getting out this little sheet certainly gives a lot of us folks around here something to think about. Koop has been a big comfort. He keeps things going

right, in the shop.

The job of rounding up ads and copy in time to close the forms has been handled nicely by Miss Burgdorf. Many of ORAL HYGIENE's readers know Lady B through correspondence that passes over her desk.

Thursday, September 22nd, Miss Burgdorf lost her Mother who had been sick for some time. We all extend our sympathy to her in her hour of trouble.

Miss Heslip has earned the title of "Traveling Secretary." Practically every day that the chief was in the A.G.H. she went over to take dictation in answer to the letters that poured in from all over the country.

The Chief ought to be back on the job in two or three weeks now.

I was to mention the Chief only casually and the above fourteen-word statement is about as casual as I know how to be.

So that's that.

ORAL HYGIENE

Founded January, 1911



by W. Linford Smith

REA PROCTOR MCGEE, D. D. S., M. D., *Editor*

MERWIN B. MASSOL, *Business Manager*

LYNN A. SMITH, *Treasurer*

1117 WOLFENDALE ST., N. S.

PITTSBURGH, PA.

CHICAGO: W. B. Conant, Peoples Gas Bldg., Harrison 8448

NEW YORK: Stuart M. Stanley, 62 West 45th Street, Vanderbilt 3758

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ORAL HYGIENE'S CALENDAR



Notices intended for this department should be sent direct to the publication office of ORAL HYGIENE, 1117 Wolfendale St., N. S., Pittsburgh, Pa. Copy must reach us no later than the first of the month preceding the issue in which it is to appear.

OCTOBER

The Massachusetts Board of Dental Examiners will hold an examination for registration of both dentists and oral hygienists in the City of Boston, Mass., on October 17, 18 and 19, 1927. Full information, application blanks, etc., may be secured at the office of the Secretary, W. Henry Grant, D.D.S., Room 146, State House, Boston. All applications must be filed at the office of the Secretary at least ten days before date set for said examination.

October 20th to 22nd, 1927—American Academy of Periodontology, Hotel Statler, Detroit, Mich. Dr. J. Herbert Hood, Secy., 624 Hanna Bldg., Cleveland, Ohio.

October 21st and 22nd, 1927—American Society of Oral Surgeons and Exodontists, Statler Hotel, Detroit, Mich. Dr. Frank W. Rounds, Secy.

Week of October 24th, 1927—Third annual meeting of American Dental Assistants Association, Detroit, Mich. Maude Sharpe, General Secy., Suite 1202, 8 West 40th St., New York, N. Y.

October 24th to 28th, 1927—69th Annual Session

(Continued page 1914)

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(Continued from page 1912)

American Dental Association, Detroit, Mich. Dr. Henry L. Banzhaf, Pres.; Dr. Otto U. King, Gen. Secy.

October 24th to 28th, 1927—American Dental Hygienists' Association, Detroit, Mich. Ethel F. Rice, Secy., 721 North University Avenue, Ann Arbor, Mich.

DECEMBER

The First District Dental Society announces its third *Better Dentistry Meeting* to be held at the Hotel Pennsylvania, New York City, December 5th, 6th and 7th, 1927.

December 25th, 26th, 27th, 1927—Alpha Amega Fraternity Annual convention, Southern Hotel, Baltimore, Maryland. A. M. Flaschner, Supreme Scribe, 419 Boylston St., Boston, Mass.

JANUARY

January 24th, 25th, 26th, 1928—Chicago Dental Society Annual Meeting and Clinic, Drake Hotel, Chicago.

The 1928 Classic of the Chicago Dental Society will again be held at the Drake Hotel, Chicago. This year's feature will be a three full-day meeting as compared with the two and a half-day meeting heretofore.

An excellent program is assured by the chairman of the Program Committee, Dr. Arthur D. Black.

Exhibitors wishing for exhibit space will apply to Dr. Howard C. Miller, 30 N. Michigan Avenue, Chicago.

HUGO G. FISHER, D.D.S., *Secretary*.

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the Painting "Doris," by Hare.*

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ORAL HYGIENE

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Founded 1911



OCTOBER
1927

VOLUME 17
NUMBER 10



Dr. Otto U. King, secretary of the American Dental Association, in an unconventional pose. Lately he has been mighty busy completing arrangements for the A.D.A. Convention in Detroit this month.



Improvement in the
General Practitioner's

Artificial Denture Service

By JOSEPH A. STREKER, D.M.D., Providence, R. I.

Read before the Providence Odontological Society.

IN preparing this paper no work on artificial dentures has been consulted. Each procedure described has been practically applied in my own practice. No claim, however, is made for originality.

Is the general practitioner meeting the just demand for better artificial dentures? Improvement, you will agree, has not kept pace with that made in oral surgery, anesthesia, orthodontia and in many of the other branches of our profession during the past ten years.

Mouth examination, about which much has been written in papers of this kind, generally discloses that artificial dentures are indicated if the edentulous jaws have not been injured by those previously worn. Much also has been written about the classification of edentulous cases.

Will not the general practitioner, however, progress much more rapidly in this desired im-

provement if he directs his efforts to the construction of better fitting dentures and to the better management of these cases?

In taking an impression for a denture the average dentist spends about five minutes (often less) in securing what is known as the "snap" or "one pass" kind. In thirty or forty minutes a corrected and tested impression could be secured by modeling compound technique.

Let us take for example the case of an impression required for a full upper denture.

A tray is made by adapting soft metal to a plaster model, previously secured through a "one pass" impression. This tray is trimmed so that it will not impinge on muscles or soft tissue or extend too far posteriorly.

Modeling compound, which has been softened in water heated to a temperature of 150 degrees, is placed in the tray and

moulded to approximate the shape of the edentulous jaw. The model, having been dipped into ice water, is now pressed into the compound, or, in other words an impression of the model is taken. Now the impression material, which is still soft, properly centered and of desired thickness is ready to be placed into position in the mouth. This having been accomplished the tray is held in position with the left hand while the compound of the flanges is conformed with the other. This is done by massaging the lips and cheeks, the patient having been instructed to relax these as far as possible. The impression is then chilled with the ice water and removed.

The flanges which may be built up by tracing if necessary are now cut to the desired thickness of about one-half inch.

Accuracy of the posterior part of the impression is now assured by tracing.

The patient is now instructed to say "ah" several times. The rise and fall of the soft palate is observed and at this point marked with an indelible pencil from around the heel on one side across the palate and around the heel of the other side. The impression is again placed in position in the mouth and this line is transferred to it. This shows us exactly how far posteriorly our denture is to extend. All compound posterior to this line is cut away.

Now the periphery on one side of the impression from the

medial line to and including the heel is heated by means of a blow torch and tempered by dipping in water at 150 degrees before being placed in position in the mouth for final flange conformation and muscle trimming, which is accomplished by massaging the lip and cheek. After chilling the impression with ice water and removing, the periphery on the opposite side is treated in a similar manner. The impression is now completed and will answer well to a suction test. The next step is to "box" the completed impression which assures reproduction of the periphery in the finished denture.

Final flange conformation and muscle trimming by massaging the lips and cheeks has been found not to be practical in the case of full lower impressions.

Technique for securing partial impressions by this method differs somewhat. The anterior portion of the impression from cuspid to cuspid is cut away to enable the operator to pass it to and from the mouth in making corrections. The final step in completing a partial impression is the addition of a matrix.

Many practitioners have expressed preference for the compound plaster method of impression taking. The periphery of these impressions, however, is not dependable as the muscles and soft tissues are being distorted.

To secure satisfactory and uniform results with the "one pass" method the operator would have to possess an ac-

curate fitting tray and the ability to guess the exact amount of impression material and to center it in the mouth.

The idea of a corrected and tested impression is not a new one. The late Dr. Greene employed it with success for many years. Its advantages are numerous. Unlike other methods, uniform as well as satisfactory impressions are assured.

In the case of full upper impressions, the suction test is a practical one. In using this method exclusively for over five years I have always found suction in the finished denture corresponding to that found in testing the completed impressions.

This is suction by virtue of a good fit and not the kind obtained by excessive post damming or by the use of so-called suction retainers. My objection to the former is that besides being unnecessary it results in suction in the finished plate which will be temporary. My principal objection to the latter is that they often result in highly inflamed mucous membrane. While many patients have been advised that their particular cases demanded one, I have never seen a failure in substituting a proper fitting denture for one containing a suction retainer.

The mucous membrane underneath dentures made from a corrected and tested compound impression is found to be pink in color and in a healthy condition.

The guess-work and uncertainty as to the height and form

of the impression margins common to other methods of impression taking are avoided and the contour and height of the flanges accurately determined by the action of the muscle upon the impression material.

The periphery of the finished denture does not have to be "guess filed" to borrow the expression of the late Dr. Greene.

Probably the best recommendation for the technique is the large number of cases where it has been used successfully following repeated failures by other methods.

I recall the case of a man who had thirteen full upper dentures which were unsuccessful. His fourteenth denture was made from a corrected and tested compound impression and is satisfactory.

Now, regarding the management of artificial denture cases. The patient should not be promised or allowed to expect service which the practitioner knows he cannot give. While he must be assured that the best possible dentures will be constructed for his case he must realize that without his efforts success in using them can not follow.

If the patient has been wearing dentures they should be left with the dentist for the first week following the insertion of the new ones. This has been an invariable rule in my practice for the past six years. I am often informed when I return these dentures to patients that they are useless to them at this time but they would have replaced

the new dentures the first day the latter were received if the patient had had them then.

Much information regarding dentures likely to be received after the patient has worn them a few days may be anticipated and explained in advance. This will prevent many from becoming discouraged and discontinuing the use of their new dentures.

The patient should be advised that the feeling of excessive bulk and inability to talk well with his new dentures will last but a few days.

He should be informed that his chief difficulty will be in learning to masticate well and that this might be a matter of weeks or even months.

While the patient may feel that he could eat more efficiently without the dentures the first few days he must be warned not to remove them for this purpose.

Suction in the case of full lower dentures cannot be promised and the patient should be advised that it is not necessary.

The patient in most cases will have a friend or relative who has dentures that "give perfect satisfaction and always did." This of course is explained to the new denture patient. His friend or relative eventually became accustomed to his artificial den-

tures, which may or may not be of good quality. In his present enthusiasm he forgets the trouble he first experienced with his dentures.

It is advisable to see the patient at least three times during the week following the insertion of new artificial dentures. This period might well be termed the crisis and these brief visits accomplish two things, "sore spots" are relieved and the patient is reassured.

In many of my denture cases I am convinced that these visits have been responsible for patients continuing to wear their dentures and eventually becoming satisfied.

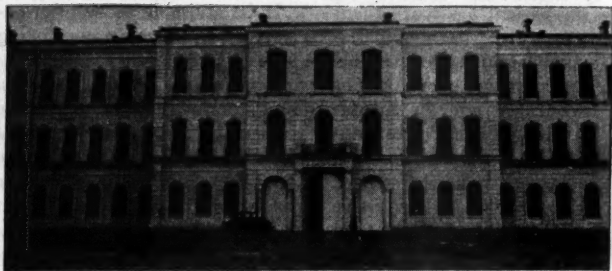
While the subject of articulation has not been mentioned its importance is not to be minimized.

In conclusion let me make these facts clear. We should not assume a pessimistic attitude, but, knowing what difficulties the denture patient will experience, we should prepare him for them.

This paper is presented not as a "cure-all" for the general practitioner's artificial denture trouble but to point out that better methods of fitting dentures and better management of these will inevitably result in a much smaller percentage of failures.

Dentistry Around the World

With Dr. Parkinson in Constantinople



The National University Building in Constantinople, a city of more than one million population and with three hundred and fifty dentists.

IF you read the last article in this series you wondered what the student did with the handful of coppers which the poor Beduins gave him in response to his request for baakshesh. He added to them some larger coins from his own pocket and tossed the whole lot in the air and when those coins struck the dust of the street there was a wonderful scramble of desert urchins.

Leaving Aden we sailed through the narrow strait that separates Arabia from Africa and entered the lower end of the Red Sea. Here we had our first look at a new continent. The shores of Abyssinia on the west rose in rather abrupt rugged hills with higher mountains in the background. On the east the low coast line of Arabia. Between these two historic coasts

we were to sail for three days. Two things we discovered about the Red Sea: that it is much longer than we anticipated, and that it is not red, but the water is a beautiful transparent blue and gives the impression of being thin. Sometimes the ocean looks thick or oily and rather heavy, but in the Red Sea it gave more the impression of being, as I say, thin, due no doubt to its unusual clearness.

One afternoon we came in sight of the southern end of the Sinai Peninsula. Work all over the boat stopped. Classes were dismissed, the editor of the *Bin-nacle*, which is the paper published daily on shipboard, left his desk; patients were excused from the dental office; everybody crowded to the deck and there was a sort of quiet sense of awe which seemed to come

and The World Part Eight

n in Turkey and Greece



Main building of the National University of Athens, Greece. Applicants to the institution are given a special examination and only the best are admitted. Imagine a selective examination for dental students in America.

over the whole ship as we looked across the intervening water to the low flat coast plain with barren mountains behind. No trees, no grass, just sand and rock and mountain. As we rounded a point of land we saw the historic old Mt. Sinai raising its five-cragged summit toward the sky just as it pointed centuries ago when Moses climbed its rocky slopes to receive the law from the hand of God and to look down upon the helpless people encamped about its desert base. It is impossible to look upon that old mountain without a stir of emotion as the realization comes that here is the place where the foundation of all our civilization was revealed.

All the afternoon we stood and watched the changing lights and shadows struggle about its summit until night came and enclosed the view. We went to our rest feeling that so long as time shall last that mountain shall stand pointing as upward to better things, and that eternity will not be long enough to diminish the strength of its law.

Morning found us about the place where the Scripture tells us that the Sea opened its waters and Moses led his motley hosts across on dry sands. Whether we were at the exact spot I cannot tell, but it looks like a place well selected for such an event. To the north a great desert on which there is

not the slightest trace of life, to the south a range of desert mountains, in front the narrow arm of the Sea. The picture was such that in our minds we could see that host of straggling Jews marching across the desert driving their flocks of sheep and their herds of cattle and camels, coming into this veritable trap, with Pharaoh's army pressing them from behind. Moses just had to cross that Sea! It is not difficult to visualize the familiar old stories when one sees the setting of them.

The trip through the Suez Canal has nothing of the interest experienced in the Panama, for this canal is only a wide, deep ditch dug at sea level through the desert sand, but it did admit us to the Mediterranean Sea, than which there is no more interesting place in all the world.

At Constantinople I had the pleasure of meeting Dr. Emil Hornic at his office in the heart of the city. As I sat in his reception room waiting to see him there were also some Turkish girls waiting, and as I contemplated their red lips and clear white cheeks, their big dark eyes with drooping lashes I thought that life even in Constantinople may have its compensations.

Dr. Hornic came to Constantinople from Vienna twenty-five or thirty years ago and has seen and known the life of the Turks most intimately. He is one of the most courteous gentlemen I have ever met. He speaks very little English and, having so little use for it as he does, I was

surprised that he could remember any at all. Dr. Hornic likes the people among whom he has built his practice and has the greatest of faith in the future of the young Turk.

A dental school has been established at Constantinople in connection with the National University offering a course of three years. The new law requires that to practice dentistry in Turkey one must be a Turkish subject, either native or naturalized, must be a graduate of the National University Dental School and the examinations must be taken in the Turkish language. Graduates of foreign schools must attend one or two years in Constantinople before they can appear for examination for license.

Constantinople has a population of more than a million and there are now about three hundred and fifty dentists, so that the field is apparently not overcrowded according to numbers. The serious need of dentistry is evidenced everywhere, and the character of much of the service being rendered is also evidenced by the flagrant display of shining gold crowns on central incisors.

As yet not much can be said complimentary to education as carried on by the Turks because there is so little of it. The Turk is not a very earnest nor enthusiastic student when it comes to settling down to real work and except for some American colleges like Roberts College for men and the Constantinople

Woman's College close by, whose influence have been working for fifty or sixty years, there would probably to today no schools beyond those for teaching the Koran. Whether the present-day attitude of keeping Turkey for the Turk and excluding foreigners from the useful and necessary businesses and professions will serve to stimulate these Turks to sufficient effort is a grave question. Since the recent atrocities against the Greeks and Armenians and their expulsion from the city there is everywhere seen the startling evidences of departed glory and of encroaching decay.

While attending the International Dental Congress at Philadelphia I was one day introduced to Dr. N. G. Papantonopulos from Athens, Greece. A very few minutes' conversation proved to me that I was talking to no ordinary man, but to one who was possessed by a great purpose and was devoting his life to the carrying out of an ideal. Such men are all too rare and once met are worth close acquaintance. Having knowledge of my connection with the University World Cruise and its intended visit to Athens, he asked me to call on him when we arrived there, which I was of course delighted to do. I found his number on one of the main streets, but the number was not on a building, but over a gate at the side of the building which seemed to have no street entrance. There was an electric bell at the side of the gate and,

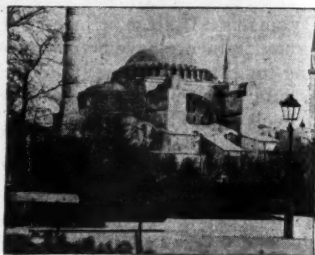
seeing no way to get through the gate, I rang the bell. Immediately the gate opened as by some magic hand and I stepped into a delightful little patio garden, with trees and flowers and fountain, the whole enclosed by the sides of surrounding buildings. On one side I found a stairway leading to the second floor and at the top of the stairway an attractive Grecian girl was waiting. She conducted me to the waiting room of the doctor's office, and here I found some carefully selected paintings hanging on the walls, tasty furniture in the room and a bookcase filled with English books. A set of the Harvard Classics, Stoddard's Lectures, American History, and Tolstoi. I wondered if the same book agent had been at work on him as on some of the rest of us American dentists! On the wall was his diploma from the Northwestern University Dental School, dated in 1911.

Dr. Papantonopulos went to America in 1902 and there received a vision of the possibilities of dentistry and the need of it in his native land, so he attended Northwestern, graduated in 1911, and engaged in active practice until 1920. He returned to Athens and has since that time been devoting himself to the program of better dentistry for his own people. He is at the head of the Department of Dentistry in the National University at Athens, occupies the chair of Professor of Operative Dentistry, Pathology and Therapeu-

tics, is editor and publisher of the monthly magazine, *The Greek Dental Review*, and besides conducts a private practice. He is up and at the dental school every morning before eight o'clock to see that they get the day started well, delivers his lectures and returns to his office where he works until noon. After lunch he returns to the school for a couple of hours, then to his office at three, works until five or later, and then delivers lectures at the medical school in the evenings at seven. Work on the magazine is done after that. When does he sleep? I do not know for he did not mention sleep.

The University at Athens is one of the most creditable that we have encountered on our entire trip. It is known as the National University and is under the supervision of the Greek government. All departments are well organized. The dental law is modeled after the Illinois dental law. There is no reciprocity with any other country, although examinations are extended to those holding diplomas from recognized schools of foreign countries. The applicant must hold a state license as well as a diploma, and must take the examinations in the Greek language. If no state certificate is held he must attend at least one year in the dental school before being examined.

The standards of the school are high. To hold the rank of professor one must be an M.D., D.D.S., and D.Sc. Lacking any



*Mosque St. Sophia at
Constantinople*

of these three degrees one can never be more than an assistant professor. The course is four years, and the entrant must be a high school graduate capable of entering the regular university course. In addition to these requirements, entrance to the dental school is by a competitive examination. All applicants are given a special examination and only the best are admitted. It is really a selective examination. Last year out of one hundred and fifty applicants only seventy-five were accepted. Imagine a selective examination for dental students in America! Perhaps Greece still has something to teach the world.

In 1921 the dental school had seventeen students. That was when Dr. Papantonopulos took charge of it. Now there are three hundred and fifty students. One half of them are young women. The general subjects, like *Materia-Medica*, Physiology, Histology, Bacteriology, Oral Surgery, etc., are taught at the medical school and are identical with the medical course.

The special courses and the clinics are conducted at the dental building.

This building is very small and very inadequate for their needs, but they are hoping for a new housing as soon as funds can be made available. It was remarkable to see how every particle of space in the building has been put to advantageous use. No corner even is unoccupied. The laboratories are small and students must work in shifts under strict regulation as to time, etc. The clinic rooms are too small and overcrowded, but what else could be expected in such a rapidly growing institution?

I wondered at the great percentage of young women taking up the profession and if it would prove good for the future. These girls are spending a large amount of money for their education. Are they taking the places of young men who should be in the school? Will they get married soon and give up the professional life for domestic? There are several answers. They stand high in the selective examinations; they meet all the educational requirements. But that is not really the point. The thing which Greece and all these other nations need is adequate dental service. Since the wars there are not the number of young men necessary either to fill these useful professions nor to be husbands for these girls, so that for the present, at least, girls here must occupy these places, both to supply the need and to pro-



Dr. Papantonopulos and Mrs. Parkinson in front of the School of Dentistry, Athens

vide a living for themselves. As I went through this school I was impressed by the high type of these girls and by the evident determination to carry on.

The alumni of this dental school, at their expense, sent Dr. Papantonopulos to Philadelphia last year that he might bring back to their country all the newest things in dental science. This is typical of the awakening of these people to a new sense of responsibility and a new patriotism. While in America he secured a small endowment for the school through some American Greeks. His foremost assistant in the school is Dr. Theodorow, who is head of the Prosthetic department.

Our visit to Athens furnished us our first reactions on the World War and the smaller struggles which followed it. Here also we came into close contact with the work of the American Near East Relief. Following the war with Turkey, Athens had thrown in upon her more than a million refugees, a number as great as the regular population of the city. Every house was compelled to be

opened to receive them, whether willingly or otherwise, but to the credit of Athens it must be told that they most heroically rose to the need and made provision for their unfortunate countrymen. Some of these refugees were old men and women, most of them were children who in the awful race before the Turkish army had become detached from other members of their families and were just individual parts of the distressing crowd. What they would have done without the help of the American Near East Relief is a question, but by its help cities of barracks were built, employment and food and clothing furnished, schools established and these refugees are being prepared to become useful citizens. In one of the buildings I came across a room fitted

up as a dental office. The dentist in charge was off on some other duty (everyone has more than one job). They told me his name was Dr. Goghrafides. He had been one of the earlier war orphans, was sent to school and is now in charge of their dentistry and pharmacy departments. There were in this particular place three or four hundred of these children, some blind, some crippled, many old beyond their years because of fears and suffering, a few who seemed just normal children, playful and happy as children should be. To those of us who have seen its work the mention of the Near East Relief will no longer mean distasteful drives for unwilling contributions, instead there will be the vision of relief brought to the uplifted hands of suffering children.



Wide World Photo.

Dr. Harold DeWitt Cross of Boston, who is Director of the Forsyth Dental Infirmary for Children, is shown with Miss Elizabeth MacDowell of Ardmore, Pa., looking over a sunshine poster. These posters were prepared with the idea of interesting children in the care of teeth.



Unreasonable Discrimination in Whiskey Withdrawals

By W. I. JONES, D.D.S., Columbus,* Ohio

IT is not my intention to discuss the ethical or moral effect of the use or abuse of alcohol nor to consider its value as a drug, but it is the purpose to emphasize the fact that the dental profession has not been dealt with in fairness or even-handed impartiality.

As the writer understands the eighteenth amendment to the constitution of the United States, it was in plain language directed at and limited to prohibiting the use of alcoholic intoxicants as beverages. The writer along with many thousands of dentists in the United States does not believe that Congress has the constitutional right to limit dentists in prescribing what they believe to be best for their patients. After six years of college training in the fundamental sciences of medicine, the dental profession is very rightfully ranked as one of the learned professions and it is justifiable to believe that its members know the therapeutic value of whiskey as well as the medical fraternity. The members of the dental profession are legalized to perform surgical operations and to use

and prescribe drugs of far greater potency than alcohol or whiskey. Yet if a dentist wishes to administer or prescribe whiskey to a patient he is reduced to the humble extremity of calling in a physician to perform this duty for him, not only adding to the expense and inconvenience of his patient, but at the same time impressing him with the ignoble position his dentist occupies. By a peculiar selective class legislation the dentist has been denied the right to practice as he sees best the profession in which he has been qualified by education and training. The writer believes that prescribing for the needs of the dentists' patients is not the function of legislatures or courts and further he should not submit to being elbowed out of his duty by professional reformers.

Irrespective of the views that dentists may hold individually in regard to the therapeutic virtues of alcohol or whiskey, the profession feels that the time has come for this injustice to be corrected.

The question might be asked: why was not this injustice dis-

covered sooner? And the answer might be that the profession's attitude toward the Volstead Act is a sympathetic one and that reputable dentists have and always will obey the law; but the answer that is probably correct is that the legislative committee in charge of affairs at the time of the passage of this act, as well as the profession at large, did not realize the injustice that was being done a respected profession. The question next arises: how can this wrong be righted?

I have been informed by excellent authority that if the dental profession and especially the legislative committee of the American Dental Association bring this matter to the attention of the Hon. D. H. Blair, Commissioner of Internal Revenue, Treasury Department, Washington, D. C., we will receive a fair ruling. This commission has made rulings in cases that are analogous to that in which the dental profession now finds itself. For instance, in a ruling made several years ago it author-

ized one branch of the medical profession to draw out in addition to its regular quota of six quarts of whiskey and five gallons of alcohol an additional ten gallons of alcohol for pharmaceutical purposes. I am not questioning the profession's moral or legal right in this matter. I am simply citing it as a precedent for action in favor of the dental profession.

The writer admits that although the absurd position in which the profession finds itself may be a legal one, it is not equitable or just, and it is his opinion that if the legislative committee of the American Dental Association brings this matter to the attention of the Commissioner of Internal Revenue he will very readily see that it does not conform to the rule of right in principle and practice and will by the authority vested in him redress the grievance.

It is the duty of dentists to insist that our legislative committee take action in this important matter.

A Good Suggestion

Editor ORAL HYGIENE:

Sometimes the patient volunteers the name of his former dentist. I have tried to form a habit of saying something nice about the other dentist when his name is mentioned in my office.

Take up for the other fellow because, after all is said and done, ethics is nothing but a beautiful habit accompanied by the practical application of the golden rule.

Shreveport, La.

ROBERT W. BROWDER, D.D.S.



The International Meeting on Cancer Control*

ALTHOUGH the present state of knowledge of cancer is not sufficient to permit of the formulation of such procedures for the suppression of this malady as have been successfully employed for the control of infectious diseases, there is enough well established fact and sound working opinion concerning the prevention, diagnosis and treatment of cancer to save many lives, if this information is carried properly into effect.

1. The causation of cancer is not completely understood, but it may be accepted that for all practical purposes cancer is not to be looked upon as contagious or infectious.

2. Cancer itself is not hereditary, although a certain predisposition or susceptibility to cancer is apparently transmissible through inheritance. This does not signify that, because one's parent or parents or other members of the family have suffered from cancer, cancer will necessarily appear in other persons of the same or succeeding generation.

3. The control of cancer, so

far as this subject can be understood at the present time, depends upon the employment of measures of personal hygiene and certain preventive and curative measures, the success of which depends upon the intelligent co-operation of the patient and physician.

4. Persons who have cancer must apply to competent physicians at a sufficiently early stage in the disease, in order to have a fair chance of cure. This applies to all forms of cancer. In some forms early treatment affords the only possibility of cure.

5. Cancer in some parts of the body can be discovered in a very early stage, and if these cases are treated properly the prospect for a permanent cure is good.

6. The cure of cancer depends upon discovering the growth before it has done irreparable injury to a vital part of the body and before it has spread to other parts. Therefore, efforts should be made to improve the methods of diagnosis in these various locations and the treatment of the cancers so discovered.

7. The public must be taught the earliest danger signals of

*The International Meeting on Cancer Control was held at Lake Mohawk, New York, Sept. 20-24, 1926. See editorial.

cancer which can be recognized by persons without a special knowledge of the subject, and induced to seek competent medical attention when any of these indications are believed to be present.

8. Practitioners of medicine must keep abreast of the latest advances in the knowledge of cancer in order to diagnose as many as possible of the cases of cancer which come to them.

9. Surgeons and radiologists must make constant progress in the refined methods of technic which are necessary for the diagnosis and proper treatment not only of ordinary cases but of the more obscure and difficult ones.

10. There is much that medical men can do in the prevention of cancer, in the detection of early cases, in the referring of patients to institutions and physicians who can make the proper diagnosis and apply proper treatment, when the physicians themselves are unable to accomplish these results. The more efficient the family doctor is, the more ready he is to share responsibility with a specialist.

11. Dentists can help in the control of cancer by informing themselves about the advances in the knowledge of the causes of cancer, especially with relation to the irritations produced by imperfect teeth and improperly fitting dental plates. They can also help by referring cases

of cancer which they discover to physicians skilled in the treatment of cancer in this location. It is not doubted that all dentists fully realize the help which can be obtained from x-ray photographs in revealing not only the state of the teeth but the condition of the bone surrounding them.

12. Medical and dental students should be instructed in cancer by the aid of actual demonstrations of cancer patients, and this to a sufficient extent to give them a good working knowledge of the subject.

13. The most reliable forms of treatment, and, in fact, the only ones thus far justified by experience and observation, depend upon surgery, radium and x-rays.

14. Emphasis should be placed upon the value of the dissemination of the definite, useful and practical knowledge about cancer, and this knowledge should not be confused nor hidden by what is merely theoretical and experimental.

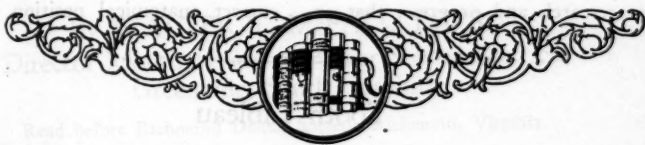
15. Efforts toward the control of cancer should be made in two principal directions: (1) The promotion of research in order to increase the existing knowledge of the subject, and (2) the practical employment of the information which is at hand. Even with our present knowledge many lives could be saved which are sacrificed by unnecessary delay.



Books Reviewed

*Fundamental Principles of a Systemic Diagnosis of Dental Anomalies**-Simon

Reviewed by M. N. FEDERSPEIL, D.D.S.,
Milwaukee, Wisconsin



THIS book which has recently been published in the English language introduces to the dental profession a scientific analysis and methods of diagnosis of malocclusion and dento-facial deformities.

The search for truths in orthodontic problems has frequently resulted in serious arguments and disputes because of the speculative methods that were adopted by the dental profession to arrive at a diagnosis ever since the time of Carabelli, 1845, to the early rise of Angleism from 1900 to 1910. One of the most unscientific dogmas in the history of orthodontics, which had a rapid rise and became the accepted method of diagnosis close to twenty years, was the classification used by Angle and his co-workers. However, scientific investigators in the field of orthodontics were dissatisfied with

the hypothesis and theories of Angle, and many of them had attempted to formulate better methods that would give to the orthodontist a true scientific way to work out a diagnosis and differential diagnosis.

In Simon's book there is introduced to the orthodontic world a splendid and scientific method of diagnosing of dental anomalies. Simon bases his studies pertaining to diagnosis and differential diagnosis of malocclusion and dento-facial deformities on morphological principles, so that the form-relation of a denture as well as its relationship to the head is understood.

The illustrations are very clear, and it is easy for the reader to follow the author's methods of attaining a diagnosis which he calls gnathostatics.

Orthodontists who wish to be progressive, and who wish to have a clearer understanding of

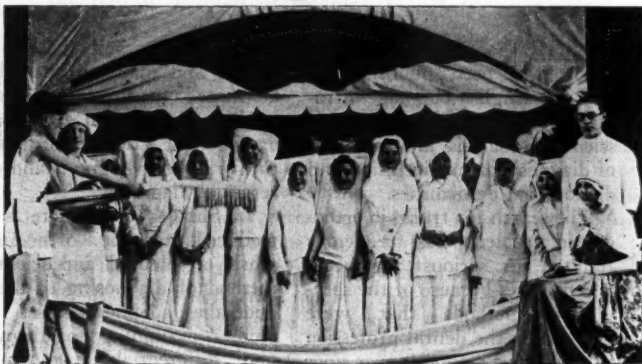
*Published by the Stratford Company, Boston, Mass.

their field, should make every effort to read and study all the literature bearing on Simon's work, and then apply gnathostatic diagnosis to at least twenty-five individual cases.

A close application of Simon's methods will convince investigators, who appreciate the earnest and true scientific spirit of research and progress, that or-

thodontists can now proudly boast of having a correct and accurate system of diagnosis. Furthermore, it gives proof to all serious minded investigators that the classification previously in use was based on a false doctrine restricted to the teeth and the pseudo dogmatic teaching that the first molars are always in a correct anatomical position.

Tooth Tableau



International Photo.

Pupils of the MacFarland Junior High School of Washington, D. C., presented a little tableau that was designed to teach the lesson of the proper care of the teeth. Look closely and you will see that the players are representing teeth. This was sponsored by the District of Columbia Dental Society.





Treating Child Patients



By WALTER T. McFALL, D.D.S.,
Director Mouth Hygiene, Parker School District,
Greenville, South Carolina

Read before Richmond Dental Society, Richmond, Virginia.

WHEN one considers the multiplicities, marked diversities and manifold component divisions which make up the prospectus of this great profession of dentistry, he is astounded in his efforts conclusively to analyze which is the more useful, serviceable and helpful to humanity. We have the prosthodontic, orthodontic, roentgenologic, and pediatric, the oral surgeon, ceramist, crown and bridge worker, diagnostician, the dental hygienist, and thank goodness the family dentist or general practitioner who each day must necessarily combine all the above specialties in his effort to reach the "well done" of His Lord and fellow-man.

We are all agreed I feel sure, that every man should be in general practice for several years at least, before following the field in dentistry he believes he

can serve most efficiently in, and have his services and capabilities utilized most effectively in alleviating and eliminating disease, pain, and unhappiness for his fellow-man. I feel I have been twice blessed in my chosen field for I have practiced in a small and in the most general of all general practices. Because I believe this profession of ours moves forward and fills its place "in the sun" just in proportion as the small town dentist, as the general practitioner, does his work well, serves his best; I would try to bring a message to him, that guardian of our nation's health, that guardian of our profession's destiny and usefulness to mankind everywhere. Because the responsibilities of our profession are so great, because we feel God has never created that person who can do with the same degree of skill, perfection,

and credit to himself and trusting, innocent clientele, the many different phases of dentistry, we all must sometime feel as Lowell has said, "Once to every man and nation, comes the moment to decide"—and, because I believe there are greater, more needful and appreciative opportunities for service, helpfulness and benefit to humanity in the field of mouth hygiene and children's dentistry, I have chosen for my bit, this wonderful field of our great profession.

It has been my privilege to have examined and served more than 30,000 children, and while I have been fortunate enough to have enjoyed some success with children's dentistry and public dental education, I am glad each new day brings me face to face with this realization—we see and learn something new every day—so I try to work, study, hope, and pray, that I may be useful in the little way I am so happy to serve. Just as one phase of medicine is different from another, so I have found children's dentistry different from the manifold other phases of dentistry. Children offer the greatest study in psychology of any age group, and any man attempting children's dentistry must come to appreciate and understand something of child psychology if he is to fill his biggest place. Books ad infinitum have been written on "how to handle the child in a dental chair and elsewhere," so I shall not tell of this, for it is my experience that the best of

rules oftentimes miscarry and fail; but I will say I believe children are the greatest disciples of real truth and honesty, and daily do I strive to do the best I can for these little folks, treating each and every patient as a distinct individual. Because I believe in the work I am doing, and because I love children, I have realized that kindness, consideration, gentleness, and an appreciation of the child's age and thoughts, are material agencies which may be utilized to better serve and help the child.

If there were one message I might burn into your hearts and "innerconsciousnesses," it would be this—do not lie to children and their parents, and render thoughtful, conscientious and lasting services to your child patients when they are brought to you. My friends, we shall never be able to fill, extract or restore to health, all decayed and defective teeth. It is not a problem of reparation or correction, it is mainly a problem of education which must begin with grandparents; therefore we must come to appreciate this: when a child comes to you, just in proportion as that child is impressed and taught will his posterity have better, more useful teeth and health. Any man in the dental profession who does not do paramount, never-failing work in conclusively bringing to pass that great symphony of our dear old profession—that of eliminating its necessity by teaching and preventing the causes for its usefulness—is a laborer certain-

ly not very worthy of his hire.

May I make a plea for permanent, lasting work in children's dentistry? It is an ideal with me that I try to save every deciduous tooth that is supposed to be retained in a child's mouth, even though they will be replaced in from six months on. Please, when you fill a tooth for a child for permanence, do not use gutta percha, temporary stopping, or the many cements, for surely we all know these filling materials will not retain the normal contours, will not serve to restore health and maintain in a healthy condition that tooth and the adjacent supporting tissues for as long a time as the child will need that tooth. I use amalgam (not copper amalgam) for nearly every restoration, I am always careful to use a matrix, to contour, establish contact, finish and polish that filling so it may perform the function of normalcy for permanence.

Then we come to the child you must see who presents a sore, aching tooth, a child who has been up all night raising Cain; the child and parents are all out of sorts, and here's where the test of what is really in your heart comes. I never condemn a tooth until I have faithfully and honestly tried to save it. When the child presents a sore, aching tooth that is oh, so sensitive, I carefully syringe it out with warm water, insert a treatment of eugenol or desensitizer and prescribe a laxative for the child, instructing the patient to return in twenty-four

hours. If there has been no return of pain, and the tooth is comfortable, I then take my largest spoons which I know are well sharpened and lightly remove the largest particles of loose decay, again treating with eugenol, forcing the eugenol into the tooth by a repeated blast of warm air, and then have the child see me in three days. Then when the youngster comes in I reduce Howe's ammoniacal silver nitrate into that cavity, using the ammoniacal silver nitrate from two to ten minutes, then precipitating this with the balanced solution of formalin. This clearly outlines all the decay which I now remove, prepare the cavity and again reduce ammoniacal silver nitrate into the cavity. I do not remove that thin pulpal wall of decay, but I make sure it is sterile and a protection, not an irritant, before I proceed. If the cavity is so deep that a base is indicated I use a mixture of zinc oxide, iodoform, guaiacol and creosol, then I seal the tooth for a month with a cement filling and keep patient in touch with me. If no trouble has arisen for a period of six weeks, I fill this tooth with amalgam and finish it. I cannot praise or recommend too highly this use of ammoniacal silver nitrate (Howe) in children's dentistry. I reduce silver nitrate into every cavity no matter how simple before I fill it; my reasons are two-fold: First it makes a sterile cavity and inhibits the growth of and destruction by bacteria or decay;

second it is a powerful germicide and antiseptic, is non-irritating to physiological tissue and a protection for the sensitive pulp in a child's tooth. I also use ammoniacal silver nitrate to reduce all sensitive areas found about the tooth necks, to precipitate it into the grooves of all six-year molars where a fine-pointed explorer will enter, to begin the healing of the customary stomach ulcer so frequently found in the mouths of children from the too large consumption of acid fruits or vegetables, etc. The two platinum loops make the application of ammoniacal silver nitrate easy, neat and effective. The tooth or tissues should be thoroughly dried and maintained in a dry state, the ammoniacal silver nitrate is then applied by means of the loops or a small pledget of cotton for two or ten minutes, the longer the more effective the penetration, then the formalin is applied about one-half as long as the ammoniacal silver nitrate, and almost instantly a safe, antiseptic, black precipitation occurs. A bleaching solution will remove it from the tooth margins, gum necks, or any portion of the tooth structure not affected by pathology. This stain remover will quickly and easily remove any stains from the fingers of the operator. I do not use a cement for bases or cavity lining because the liquid portion of nearly all cements is phosphoric acid which I find is a drastic irritant to the sensitive pulps of children's teeth, but I

prefer to use this anodyne, sedative and antiseptic dressing and base which I mentioned above, for it better serves my purpose, being a non-conductor, protective as well as anodyne base for the pulp and tooth. This material is most quickly and easily carried to place, it hardens in about seventy-two hours, but will not distort a filling inserted immediately. This base may also be used as a temporary cavity filling as it will harden when saliva comes in contact with it, and will protect a cavity for a few days against food and thermal changes.

If you can extract a tooth for a child without pain, if you can extract a tooth for an adult without pain, then as Kipling has said: "You'll be a man, my son," and little children as well as adults will rise and bless your name, will call you good, and will believe you do all things well. I have worked up this simple, effective little technique, not original, but also not empirically acquired. When in the course of human events it becomes necessary to extract a tooth, first dry your tissues. Keep 'em dried, for antiseptics, anesthetics, and all work better, quicker and more effectively in a dried and protected antiseptic field. Take a small pledget of cotton and saturate it with desensitizer (Abbott's), this is a preparation of chlorphenol, oil of cloves, ether—butyn, then apply this desensitizer to each point you intend injecting into. This desensitizer is applied at each point

of injection for from thirty seconds to two minutes; the field of operation is then painted with Talbot's iodoglycerole, which is a heavier solution than iodine and aconite, and really stays on your field of operation, keeping it safe and in an antiseptic state. Next comes the injection, and may I say that in all deciduous extractions, I make four injections, one each into the free margin of the gum, around the gingival margin of tooth, making my injections in a disto-apical direction from the tooth I am operating upon. When my fourth and last injection is completed, I immediately extract and extract painlessly. There is never a dread and fear of the hypodermic needle, the desensitizer gives a good superficial anesthesia, consequently that jumping and nervous reflex usually accompanying the injection is absent, and the children nearly always come up smiling and remarking: "Have you finished?" or "Shucks, that didn't hurt a bit." I see no reason for deep injections in a child's deciduous extractions. I merely try to relieve the pressure of forceps or exolever at tooth neck. I do not use a mandibular or other deep conduction anesthesia five times a year, but I always use the simplest anesthesia possible, the more simple the better, and I may say my post operative pain is well minimized. If a

tooth socket needs an antiseptic dressing or packing, I use anapain which is a combination of sodium stearate, with a trace of eugenol, anesthesin, and butyn. Being slowly absorbed it is not necessary to remove the paste later as when gauze or cotton soaked dressing is employed. This dressing helps with post operative pain as well as acting as an antiseptic protective dressing.

I mentioned I try to save every tooth if for only six months, but I do not cap pulps, nor do I attempt root canal work in deciduous teeth. Once a tooth has a fistulous tract, the customary gum boil, or has decayed beyond reclamation by treatment, I always let "the sun shine on the roots of that tooth." When indicated I use space retainers which are simply, quickly and most easily made.

May I in conclusion urge you to, as far as possible, give to every child patient of yours, first a thorough and conscientious prophylaxis, clean and polish every surface of each tooth, then show the child the difference and try to awaken within him that little spark of celestial fire called conscience that makes him want to keep him mouth and body serviceable and healthy. Make of all your child patients friends and boosters, for then you will have fulfilled your obligation as a doctor of dental surgery.



An Ounce of Prevention

By GEORGE E. ORSECH, D.D.S., Chicago, Ill.

THE old bugbear, "post-operative pain" seems still to be raising considerable trouble, but my! oh my! "P.O.P." can be controlled. Of course you're going to have pain after surgery, and I haven't been convinced yet that one will not. As Dr. Kells said, "We should not get it," but somehow old Mother Nature makes it her business to cause heat and swelling, accompanied by a greater or less degree of pain in every case where living tissue is severed by accident or will. Why? To promote repair and fight against infection; and believe me, she's on the job in the mouth or we would have more and greater troubles than we have.

What does the surgeon do when operating? He is two jumps ahead of old "P.O.P." and the patient gets a pre-operative injection of a sedative (yes, I know. To assist the general

and reduce possibility of shock) and then after the operation another in correct time. Why not take the tip? I don't know when old "P.O.P." is going to call on my patients, but before I begin an operation after which I think he might follow, the patient is prepared mentally and also a correct and safe sedative is administered; and then in every case a proper number of tablets is given for home use. Many times a patient gets interested enough that he does not take the tablets just to see how much it does hurt. What if it is necessary in only one case out of a dozen? I can go home each night feeling that I have done my best to *prevent* discomfort. What is the whole thing about, anyway, if not for that?

That is the idea exactly, Dr. Orsech. Just to the extent that post-operative pain can be avoided, both the patient and operator can enjoy life.—*Editor*, ORAL HYGIENE.





Facts and Fancies Down in Dixie

By EDDIE KELLS



How a Good Man Went Wrong

THIS is the story of how a pretty good dentist went wrong, and so far has not been brought back into the fold. Maybe some day some dental "Billy Sunday" will get hold of him and bring him back—let us hope.

Now for the story: One of the leading dentists in a town of some hundred thousand souls—or possibly some of these hadn't any souls, so let's say a hundred thousand people—was greatly pleased to have one of the leading bankers of his town come to him. You see there are no "pikers" in this story; all the principal actors are leading dentists and leading bankers—that makes it sound better.

Well, the mouth of the leading banker certainly was in a deplorable condition, but that did not feaze this leading dentist, because he really was (and is still) a very fine operator; way beyond the ordinary. I've seen some of his work, so I know.

In due time work was completed, and the mouth of the leading banker was in good condition, and "all hands and the cook" were pleased, and especially so was the leading dentist when he received a check for a

bushel of money from his satisfied patient.

Teeth had been filled, pulpless root-canals treated and filled, crowns and bridges inserted; altogether a nice piece of work, and, to repeat, the leading banker was delighted.

All went well for a year or so, when suddenly the scene is changed to the habitat of a widely known clinic to which the leading banker had flown because of the appearance of some systemic trouble.

And then the havoc began. Beautiful as were the crowns and bridges, they were anchored to pulpless teeth, and at that particular clinic pulpless teeth (no matter how well filled their root-canals might be) and rattlesnakes are in the same category—the rattlesnakes having possibly a shade better in the discussion because their bites are amendable to treatment—maybe.

In order to curtail the history of the events which follow, or to put it into plain English, such as the readers of ORAL HYGIENE prefer, to cut a long story short, the patient was soon using a full denture.

The saddest part of the story is yet to come. Unfortunately, the leading banker was *not*

dumb. Quite the contrary, he was some talker, and in a little town of one hundred thousand inhabitants, "some talker" can do a world of harm when his principal topic of conversation is about along these lines:

"Dr. X? Not Dr. X for mine. Do you know that he put me through the third degree, and I paid him a bushel of money for doing a lot of work for me, and when I went to the—well you know who—they pulled all my teeth that I had paid all that money to have fixed? So no more Dr. X for me."

And then Dr. X, this leading dentist fell from grace. He wouldn't let that happen again. He became a one hundred-percenter over night. Can you blame him?

Now just let's do a little s'posing. Suppose that the leading dentist had had as much judgment as he had skill—what would he have done in the beginning of the chapter?

He would have told the leading banker that he had a lot of doubtful root-ends. That he would fill their canals as best he could; would *fix him up* temporarily as he did not want to put in a lot of expensive work upon pulpless teeth of which he was not so sure. Later on, his root-canal work would be checked up, and if all was found to be satisfactory, then would be time enough for expensive bridgework. Incidentally, he would only have charged about *a quart of money for that work.*

Then when this well-known

clinic ordered his teeth out, the leading banker would have said, "Well, my leading dentist was right, after all. He wouldn't put on expensive bridges, because he was not sure of the roots. So I'll go back to him to have these teeth extracted and plates made." And the leading dentist would have then been able to get the difference between the quart of money and the bushel, for the extracting and the dentures, and he would not have had all those heart burnings, nor become a one-hundred-percenter after all.

Just a case where a very fine operator went wrong—in his judgment—and *lost out in the end.*

Dear Editor:

Once before, and now here again (July 1927 ORAL HYGIENE) have I been taken to task for placing our good friend, George Winter, in Houdini's class. How absurd for anyone to take me to task for that!

While there have been hundreds of magicians, all, it seems, admit that there has been only one Houdini. Did Houdini reach his stage of perfection by inspiration, and possibly overnight? How ridiculous the idea! I'd place my bet on the supposition that he worked early and late, bent upon perfecting himself in his wonderful sleight of hand accomplishments, and that it took years for him to perfect and develop his latest wonders in that line. That's a safe bet.

When Brother Rounds tells

us that George spent *thirteen years* upon this study, he is only playing into my hands and helping my argument, because that's exactly what I insist upon. We all know that it took George Winter years and years of constant study to perfect himself so that he is, in the minds of many, I will venture to say, the most expert in his line—yes, the Houdini of 'em all.

That was just my idea. Well, I reckon I am wrong. I yield to Brother Rounds. If he says that George and Houdini are not in the same class—that the class is not closed, and that there are plenty of good men ready to step into George's shoes when he gets ready to cast them off—well, if he says all that, and he sure does, I reckon it must be so.

Notwithstanding the above admission which has been reluctantly made — absolutely squeezed out of me—when we read (to quote from Brother Rounds, page 1321): "Many men the country over have caught this idea and are daily in their respective communities exemplifying with *greater or less success*" (italics mine) "according to their abilities and extent of their progress, the methods he has promulgated," we realize that the italicized words, unfortunately, "kill"—to use an editor's (?) vernacular—the whole darned paragraph! "Greater or less success, according to their abilities"—that's exactly my idea, but I could not have put it so gracefully.

To come again, and talking

to me, Brother Rounds says, "Possibly you would be *astounded*" (again italics mine) "on seeing the results his proteges are accomplishing." "*Astounded*" at some of the results they get? Well said! I haven't the least doubt that "*astounded*" would be the very word to use!

Now, having been convinced upon that point—that George Winter is only one of the "57"—and having yielded the point so gracefully to Brother Rounds, I'd call his attention to the fact that my saying that George and Houdini were in the same class was merely an *incident* and not at all necessary to the *instructions* which I was advising the boys to follow. The ONLY OBJECT OF THE PARAGRAPH was to advise the operator that he'd *better have a good light and look at what he is doing*. That's the point. Does Brother Rounds, himself, "follow Winter" in this respect and also advise his students to *look at the ceiling*, or will he admit that in *some instances*, at least, I may be right, and that it might possibly be better for the patient if he, and they, do follow my advice? "Better have a good light and look at what you are doing." That's the gist of the paragraph. Now, will some one "pick on" me for giving that kind of advice? Let's see.

Yours very cordially,

EDDIE KELLS.

P. S. On the quiet—I still think that George Winter is in a class by himself, but I don't dare say it any more.



Dentistry in the British Army

By CAPTAIN GEORGE CECIL
Formerly of the Royal Army Service Corps

PRIOR to the commencement of hostilities in South Africa, the military authorities did not consider qualified dentists as being necessary to the personnel of a British Army in the field. When the war reached the second year, however, it was suddenly decided to send out a certain number of dentists to the Cape, and applications for employment in this capacity were accordingly invited. A selection from among those offering themselves was then made, and the successful candidates immediately embarked. That it was high time they did so was evidenced by the fact that by the date of their arrival in South Africa, a considerable proportion of the troops engaged on active service were incapacitated from duty owing to toothache contracted during the campaign on the *veldt*. When the conditions under which they fought—sleeping on the damp ground with scarcely any cover and limited for months at a time to hard biscuits and indigestible trek-ox rations

—are taken into consideration, it is not surprising to find that the men had trouble with their teeth. With the advent of the dentists, however, a change for the better speedily manifested itself; and after they had got fairly to work, cases of admission to hospital on this account dropped to a trifling percentage.

During the late war, dental officers were attached to each unit. They proved a Godsend to the troops.

Except when a campaign on a large scale is in progress, the condition of the British soldier's teeth does not receive much attention. Although it seems strange to say so, dentistry forms no portion of the examination to which candidates for a commission in the Army Medical Department are subjected before receiving their appointments. While undergoing their preliminary training at Netley Hospital, after being admitted into the department as probationers, they are given a short course of instruction on the subject; but this is of an extremely perfunct-

tory nature. The natural result is that when the young and inexperienced surgeon is called upon to treat a soldier suffering from any complaint connected with his teeth, the methods he employs are extremely empirical. Sometimes they effect a cure; more often the reverse is the case. This is certainly so when the damage is at all serious. Fortunately, in these instances the army doctor sometimes admits his inability to afford the sufferer any relief, and candidly advises the consulting of a civilian practitioner. This course involves the spending of a good deal more money than the private soldier can afford, and, since "free medical attendance" is distinctly promised as one of the benefits of enlistment, it should not be withheld.

Speaking generally, the average army doctor has only one method of treating toothache, namely, to extract. No matter what the cause, or what the condition of the patient's jaw, he endeavors to apply it. Such delicate operations as filling, or crowning, are entirely beyond him, as is also that of substituting artificial teeth. He has never learned how to carry them out, and is, as a rule, intelligent enough to refrain from attempting them. So far as this goes, it is doubtful if he would get a patient to submit to being experimented upon, for the average soldier has a decidedly poor opinion of the medico's skill in matters connected with dentistry.

In his methods of extraction the army doctor usually adopts those in force among the itinerant practitioners to be met with at country fairs. No anesthetic is administered; and the operation, consequently, resolves itself into a trial of strength between the forceps and the tooth. It is not to be wondered at, therefore, that a soldier suffers very severely before he voluntarily submits himself to the "dental" skill of a military surgeon. . . . Indeed, he will endure untold agonies first, or cheerfully sacrifice a month's pay in order to consult a civilian dentist.

A very great deal of the toothache and dental disorders generally met with in the British Army is directly due to the neglect and want of cleanliness displayed by the soldier himself in matters affecting his teeth. The use of a toothbrush is the exception, rather than the rule, in a barrack room, for the class from which come the majority of recruits have only a bowing acquaintance with this necessary article of the toilet. When a man has not brushed his teeth regularly before joining the army, he is not likely to acquire the habit of doing so afterwards. Various pains and penalties make it incumbent upon him to clean his uniform and keep his equipment spotless; but so far as his teeth are concerned, they may never see a brush from one year's end another.

A fertile cause of toothache is the unsanitary conditions under which a soldier's life is

sometimes spent. When in barracks, for example, he may have to live and sleep in a room which he shares with perhaps fifty or sixty others, his bed being placed against a window or a door, and thus affected by a constant draught. The cubic space allotted to him, too, is condemned by all experts as insufficient. Then, when on maneuvers, the soldier sleeps in a tent, or else on the ground, his bedding being limited to a couple of blankets. If the weather be wet and cold (as is the case for the greater part of the year) he naturally lays the seeds of dental troubles innumerable, while even in fine weather this mode of living is apt to have an adverse effect on the teeth.

It is, however, in the opinion of those who have studied the subject closely, the soldier's diet that is responsible for most of the dental troubles to be met with in the British Army. The food is not always palatable; it is sometimes indigestible, and largely deficient in the constituents that make for nourishment; and, finally, it is often prepared in a singularly unskilful fashion. The military cook is for the most part as ignorant of the culinary art as a monkey is of mathematics. Prior to his enlistment he has never cooked a meal in his life; consequently, when he enters a regimental kitchen for the first time in order to serve up his comrades' dinner, his views are exceedingly primitive. Even the preparation of the simplest dish is beyond his powers;

he either roasts a joint to a cinder or sends it to the barrack room half raw. Of course, after a little time he may improve; but the men upon whom his experiments are made suffer.

It must not be thought that no pains are taken by the authorities to remedy this condition of affairs. As a matter of fact, they do their best; but circumstances are too strong for them. An ex-laborer (which is the calling of the average recruit) cannot be converted into even a fifth-rate *chef* at five minutes' notice. Nor are there any means of according him proper instruction in barracks; the appliances in the regimental kitchens are generally of so antiquated a nature that it is next to impossible to achieve good results from them. One non-commissioned officer in every battalion is a graduate of the Aldershot School of Cookery, and he is supposed to instruct the men placed under his charge. The supervision that he exerts is of a more or less nominal nature.

When in camp or engaged on active service, British soldiers are frequently given biscuits in lieu of bread. These biscuits, being exceedingly hard, are in themselves enough to ruin any jaw but that of an alligator. They bear, indeed, a close resemblance to chips of paving stone, for which they would, no doubt, afford an excellent substitute. It is no great matter for surprise that, after living on these conditions for a few days, the unfortunate soldier

finds his teeth causing him a great deal of trouble. On this account, presumably, the war office has issued instructions that no recruits shall be accepted whose jaws are not in a perfectly sound condition. It has also been decreed that the possession of more than a certain number of artificial teeth shall be held as a physical disqualification. From the statistics published on this subject, it appears that several thousand men, who would otherwise be eligible for enlistment, are rejected by the medical authorities every year owing to the bad condition of their jaws. This same test is also applied to candidates for commissions as officers. As, however, the class from which these latter are drawn are in the habit of attend-

ing to their teeth during their civilian days, the number of rejections among them on this account is comparatively small.

That the Royal Army Medical Corps' doctor is ever likely to acquire more dental knowledge than he at present possesses seems unlikely. Nor is there any particular reason why he should, since his future rise of income is purely a question of promotion. And as the medico cannot avoid being promoted after a certain amount of service, he is, perhaps, wise in refraining from giving himself unnecessary trouble. At the same time, it is undeniably hard on the soldier that the care of his teeth is almost entirely neglected — although really a part of his promised free medical attendance.



Miller Photo.

Dan Fitzgerald, fifty-five years old, displays the teeth which won him first prize in a tri-county dental contest in Newark, N. J., recently. He has every one of his teeth and they are in perfect condition which he attributes to an almost life-long habit of chewing tobacco. It is a bum habit, but this is interesting if true.

International Oral Hygiene



Translated and briefed by CHAS. W. BARTON

DENMARK

It was Prof. Christensen who founded the Danish Society for the dental treatment of children, aiming at propaganda and organization of dental clinics in the municipal schools. Frederiksborg was the first municipality to open a school dental clinic which the Society subsidized to the extent of 2,500 kroner. The result was so satisfactory that other similar clinics were opened also in other towns. The clinic in Frederiksborg possesses a personnel comprising the school dentist, five assistant dentists, and four dental assistants. The equipment is of the most modern and perfect. Treatment is given to the children of the nine municipal schools and to the children of the poor. Free of charge for the first year, a contribution of one krone is required thereafter. The children are examined and treated once a year.

There are actually in Denmark 12 dental clinics in the municipal schools in different towns. In three of these towns the private clinic of a dentist has been put at the disposal of the school dental service. Also three villages have organized a dental service for their school children. A Committee appointed by the Minister of Justice and the Interior has presented a report proposing a bill in legislature instituting free dental service in all the

municipal schools of the country, the visits to the clinics to be obligatory for all children frequenting the schools. *Province Dentaire.*

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GERMANY

In a review on the progress made during the last six years in the supply of dentists for the German people, Dr. Julius Dresel, of Bad Neuenahr, reports that in 1925 there practiced in 1897 towns and villages 8,054 dentists. In 1919 there practiced only 4,478 dentists in 840 localities, so that the number of places with dentists has increased by 125 per cent, and the number of practicing dentists by 80 per cent. With a population of 60,000,000 in 1919 one dentist was available for every 13,300 inhabitants; with a population of 63,250,000 in 1925 one dentist is available for every 7,856 inhabitants. In 1919 the majority of German dentists were practicing in towns of over 100,000 population, but this has been entirely reversed lately; while, in 1919, 33 per cent of all dentists practiced in the seven large cities over 500,000, only 25 per cent supply these centers at present. There has been a very salutary influx of dentists into the small towns and rural districts, and today all towns with over 10,000 population except 21 are supplied with dentists. *Zahnaerztliche Rundschau.*

SWITZERLAND

Prof. Dr. Ernst Jessen, speaking about the systematic sanitation of growing youth through the dental school clinics, reiterates his six theses prepared for the international dental congress in London, in 1914, as follows: (1) It is desirable that children from the age of two years and a half are taken every six months to the dental school clinics for examination, in order to have their deciduous teeth filled before they get toothache, and in order to have the children come to the public school with healthy mouths. (2) It is desirable that every child at the age of two years and a half receive its own toothbrush and learn to use it daily in the morning and in the evening, in order to make people familiar with its use from their earliest childhood. (3) The mouth of those children who are found at an older age in the dental school clinics must be treated as conservatively as possible. Decayed teeth which cannot be filled any more and which have a destructive influence, must be extracted. Dry roots of temporary teeth must remain in the interest of the growth of the jaws, until the permanent teeth appear. The decayed crowns must be chipped off in such cases, and the roots must be filed down but must not be removed. (4) The six year molars must be treated as conservatively as possible just as the other teeth. (5) In all conditions and in any case the confidence of the children must be won. Recalcitrant children who do not wish to be treated must not be compelled, but must be received kindly as soon as they come back. Capacity for mastication and the general condition of the body have to be taken into consideration with every treatment. (6) Every treatment must be individual. It must be guided by the age, constitution and the character of the child. This treatment of the deciduous teeth must be taken up so early that there may not be a question even of a root canal treatment. Owing to regular control

and after-treatment the deciduous tooth is kept sound until the child goes to school. The treatment of school children is, therefore, enormously simplified. *Periodical of the H.C.F.D.I.*

GREAT BRITAIN

In the Statistical Reprt of the Health of the Navy for the year 1923, issued from H. M. Stationery Office, signed by Surgeon Vice-Admiral Sir Joseph Chambers, a return is given of the dental treatment carried out by naval dental officers during that year. There were 278 cases of tooth disease and affections of the gums, with 30 invalidings and one death, the last named from septic anaemia following the extraction of teeth on account of pyorrhoea which was complicated by persistent bleeding from the gums. The number of individual attendances recorded for dental treatment was 65,678, and 19,414 teeth were extracted, of which 338 were without anesthetic, 892 with general anesthetic, and 18,184 with a local anesthetic. *The Western Dental Bulletin.*

Every soldier in the British Army had his teeth inspected during the month of March, 1926. In the ordinary way a soldier's teeth are inspected annually, but it has been impossible to hold a general inspection for the past two years, owing to the great amount of work which has been necessary to deal with the influx of recruits. At the present time only 3,000 out of 90,000 men who have recently presented themselves for enlistment, or 3 to 4 per cent of candidates, were rejected on account of defective teeth, but a large percentage needed instant treatment to conserve teeth which are falling into decay, and these cases are regarded as of first importance. For two years, therefore, the rank and file, apart from recruits, have been without the benefit of regular dental inspections, but in March the whole Army fell in for Tooth Parade.

The aim of the Army Dental

Corps is to save every tooth possible, and to discourage any vain or lazy request for extractions and the provision of artificial teeth. From 6 to 7 per cent of the patients were supplied with false teeth some years ago; only 1 per cent of the cases are now found to be in need of these artificial appliances. Every possible tooth is saved, for it is recognized that a soldier with artificial teeth is likely to be in some considerable difficulty during a prolonged campaign.

Good teeth are recognized today in the Army as the key to good health. Four years ago, for every tooth saved two were extracted; now for every tooth extracted three are saved. This means that we can look forward to the time when there will be exceedingly little wastage in the Army on account of dental deficiency.

A highly important part of the work of the Army Dental Corps is a tactful propaganda among recruits and older soldiers in dental hygiene. Many recruits when they join are ignorant of the use of the toothbrush or the danger to general health of dental decay. These things are explained to them when they undergo their first treatment, and many of them for the first time learn the rules of dental health, which, if observed, will save them from painful and distressing diseases in after life.

The teaching of dental health habits fosters the growth of tooth care among civilians, for every soldier home on leave is apt to spread the gospel of the toothbrush. *The Dental Record.*

POLAND

The Polish-American Committee for relief of children has opened a dental clinic for the children of the public schools and for expectant mothers. Consultations are held three times per week.

There are 76 school dentists in the 255 secondary schools of the Republic, while the physicians number 151. *Kronika Dentystyczna.*

ARGENTINE

The August, 1926, issue of the *Revista Odontologica* of Buenos Aires is taken up entirely with reports and discussions on the important subject of vaccino-therapy in dentistry. Several hundred cases of pyorrhea and other infections of the oral cavity, treated by various authors with vaccines, are being discussed, and it results from the experience of the clinicians that a little better than 90 per cent of the cases will respond favorably to vaccino-therapy where other means might fail. The imposing array of evidence in favor of the use of vaccines in mouth affections seems to indicate that there is a great future ahead of this means of combating a good many diseases which have so far proved to be a real crux to the dental profession. While this particular issue of the *Revista* might justly be called a textbook on dental vaccino-therapy, it has struck us rather forcibly that all mention of the use of vaccines as true preventives of infection has been omitted. While the efficacy of vaccines as successful adjuncts in the treatment of diseased mouths seems to have been established beyond all doubt, we can see that their vital value lies in their power of immunizing patients predisposed to certain oral infections against an occurrence of such devastating diseases as pyorrhea and others, and it would seem that in the vaccines, i. e., in those specifically conceived for dental use, the dental profession have at last found a means of prevention where heretofore only more or less haphazard treatments were capable of arresting the progress of pathological conditions, once the actual harm was done.



Bettering Dental Conditions Among Citizen Soldiers

By CLARENCE J. POIRON, D.D.S., Milwaukee, Wis.

NO doubt the reader is familiar with the National Defense Act, passed by Congress, and its amendment of 1920, which provides among other things, for the training of physically fit young men thirty days of the year at various army camps and posts scattered throughout the country.

The first camp was held in 1921, and has been growing by leaps and bounds ever since. Wisconsin has been giving her whole-hearted support to this movement, and has always gone over the top in the procurement of candidates. Besides this, her sons have always brought home trophies for high honors in competitive events.

The author has been on duty for several seasons at the C. M. T. Camp, at Camp Custer, Michigan, in the capacity of dental inspector and therefore knows something of this great movement.

All candidates are examined by their local physicians at the time they fill out their application. On their arrival at camp they are subjected to another

thorough and complete examination. This examination occurs during the so-called "process"—the candidate passes further a long line before various officers of the medical department. The first man he will meet will be a dental officer who charts the missing and decayed teeth, and if the teeth of the boy are bad he places a red check on the chart which means rejection. The young man will then pass on to the next group of officers. His eyes, ears and throat will be examined. After this is done the candidate passes farther down the line to other medical specialists.

The standard of physical requirements for the candidate is essentially the same as that for recruits for the U. S. Army, due allowance being made for age.

During this work of processing, certain medical officers are detailed to scrutinize carefully all candidates as they appear for examination, and those who fall below the standard are taken aside and formed into a special company under expert supervision for the purpose of correcting the conditions for which

they were segregated. This special company is made up of boys who are underweight, undernourished, or those who have postural defects.

The above procedure works wonders for the young man; he without exception comes out a better man physically than when he went in.

But what do we do with the boy who has bad teeth? After traveling many hundred miles to get to camp, he may find that he is rejected because of his teeth. The author examined a large percentage of the two thousand candidates at last year's camp at Custer, and among this large number, not one had perfect teeth. Even good dental condition was rare and the majority were in fair minus condition. Many an enthusiastic young man found a red check on his examination blank and was told to put on his clothes and prepare to embark for home because of being physically unfit. The sad part of it is that a large number of these young men would have been accepted, provided they would have visited a dentist before going to camp. Not only were decayed teeth a fault, but gum trouble played an important part in the rejections. It is hardly believable, but some of those lads who were still in their teens had pyorrhea so bad that their teeth were loose. Recruiting during the World War showed that only twenty per cent of the young men had

sound teeth and conditions seem to be getting no better.

What is done with the lad with bad teeth? Is he placed in a special group like the boy who is underweight or undernourished? No—he is sent home. This is a serious condition and something should be done about it. The question is—how shall we go about it?

Colonel Girard Sturtevant, the Chief of Staff, 101st Division, who has charge of the procurement of candidates for the State of Wisconsin, realizes this condition.

The Colonel, the Adjutant Captain T. J. Sledge, and the author have spent many hours discussing the question of what can we do to reduce the number of rejections. Finally we decided on a plan to send each prospective candidate this letter:

CHIEF OF STAFF, 101st
DIVISION

315 Pereles Bldg.,
Milwaukee, Wisconsin.

MEMORANDUM TO:—All Prospective
C. M. T. C. Students.

1.—The Chief of Staff, 101st Division, wishes to acknowledge receipt of your application for this year's C. M. T. Camp. We congratulate you on your patriotism in making this step, for such patriotic young men like you our country needs; the thinking and doing kind, each of you more valuable than a hundred silver-tongued street corner orators who talk much, think little, and do nothing. We will advise you as soon as your application is acted upon.

2.—You have passed your preliminary medical examination, but as you no doubt realize, every Candidate on arrival at camp must go through a thorough physical examination. The condition of your eyes,

ears, nose, throat, heart, lungs and teeth will be closely investigated. If you know of some defect, attend to it at once.

3.—The first man to examine you at camp will be a Dental Officer. You may be in perfect health with a strong, vigorous body, but if your teeth are in bad shape, he is going to place a red check mark on your examination blank which means rejection, even before the other specialist doctors have a look at you.

4.—The Government will not take time or spend its money in training young men with bad teeth. Why? Because the Government knows that among the troubles traced to bad teeth are rheumatism and joint disease; heart and kidney troubles; stomach and intestinal derangements; to say nothing of the many minor ailments ranging from simple headaches to insomnia affections.

5.—Recruiting for the Great War showed that only twenty per cent of the young men of America have sound teeth. We know from past experience that the dental condition in most candidates has been awful and that a large percent must be sent home on this account. In order to prevent many enthusiastic young men from being rejected on this account, and also to prevent them from spoiling their mouths at camp, by having aching teeth, we wish to urge each candidate to visit his family dentist and have his

mouth placed in first-class shape as soon as possible.

6.—For those who have no family dentist or who feel that they cannot pay the fee requested by most practicing dentists, we suggest you communicate with your county chairman, or officer in charge of C. M. T. C. work in your community and he will suggest several Dental Reserve Officers who have been requested to do this work at the lowest possible cost to the candidate.

For the Chief of Staff:

T. J. SLEDGE,
Capt. Inf., (DOL)
Asst. Adjt.

We have no funds to carry out this plan, all we can do at the present time is to ask our fellow reserve officers to lend a hand.

In addition to sending the letter to the prospective Wisconsin candidates, a copy has been sent to each corps area commander and to each division staff.

If you believe in this movement, let them hear from you. Letters of criticism or suggestions will be appreciated at this office. Let us all unite to help in bettering oral hygiene conditions among our young generation.

To All Pedodontists

To enhance our general knowledge of children's dentistry and to more easily disseminate the knowledge to the profession and public at large, we are anxious to get in touch with all the pedodontists.

If you are limiting your practice to this phase of dentistry, please forward your address to the Detroit Pedodontic Society, 412 Kresge Bldg., Detroit, Mich.

SAMUEL D. HARRIS, D.D.S., Secretary.



The Torch-Bearers

By CH. F. L. NORD

[Translation of an article published in "*Het Tydschrift Voor Tandheelkunde*," "Magazine" or "Journal of Dental Therapeutics," published at Utrecht, The Netherlands, issue of Dec. 15, 1926, Volume 23, Number 12. The article appeared also as a reprint and this translation is of the reprint.]

JUST one year ago I had the privilege of announcing in these columns a book, since then much prized and appreciated also in this country and become very well known, namely, "The Dentist's Own Book," by C. Edmund Kells. During my visit in America this summer one of the most happy moments was my personal meeting with the beloved writer, who told me then he had brought something for me personally. A few days later I received from him a book, which I at the moment expected would be a copy of the above-named work, very likely a personal presentation copy.

I did indeed find it to be a book with a very friendly personal presentation, in appearance and format like the book which I had expected. But who could describe my astonishment when I saw on the cover the title "Three Score Years and Nine" (Forty-five Years in Dentistry)"?

Thus a new book, and when I saw the size and extent of the work, I must confess that the question came to me, how can that be? Did not the author give us already last year all that could be expected, and more?

And moreover, had I not, just before my departure, read in the *Items of Interest* an article written by him, in which he had given a modest, but therefore the more impressive, summarization of suffering endured during many, many years as a sacrifice to pioneer work in Roentgen diagnostic? And had not the editor of the *Items* found in necessary to add, as a footnote, an announcement that since the writing of this article, colleague Kells had again been compelled to submit to an operation, involving this time the amputation of the left arm?

All this seemed to be thoroughly in accordance with the facts; and yet the author had evidently found time and opportunity, in spite of all misfortune and suffering, to conceive a new work of 532 pages, in which there was not even mention of all that he had endured, in spite of the fact that it relates all that

he has experienced as dentist and as inventor. Moreover, it is all written in such a youthful and lively tone that it would be difficult to imagine the author other than in the most excellent of health.

And now we see him again at the dentist's chair—one arm lost to the treacherous Roentgen rays—as specialist in Roentgen diagnostics!

Surely a profession that numbers among its members such a practitioner must be a very wonderful profession!

Anyone who might have supposed that Kells, after the writing of "The Dentist's Own Book," had said all there was to say, and had finished his story, would have been quite in error, for his new book is difficult to characterize except as an entrancing romance of dentistry, which is sure to be read by all dentists with the greatest interest. For it is in reality the history of dentistry during the last half century, so interestingly told and so effectively enlivened with pert remarks, good advice, and amazing insight into the most widely diverse matters, that it is easy to understand why this dentist from far-off New Orleans is one of the most popular figures among the fifty thousand colleagues on the other side of the ocean.

The father of the writer was also a dentist, so that his earliest recollections are already associated with dentistry, which always, as a profession, drew his interest, so that even from that

rather distant past he is able to recall remarkable anecdotes and striking instances.

For example, the story of the patient who had to have a tooth extracted during the night, by the light of a candle, and under ether. During the operation a fierce blue flame suddenly fills the room and flashes before the face of the patient, to the great fright of the operator and his helper. The flame vanishes, the candle is removed a little further from the center of activity and the operation proceeds. After this is completed the dentist praises the patient for his courage and coolness in the face of all that had happened. "Oh," said the patient, "I thought nothing about it, I thought that flame was part of the operation."

That was the technique and status of anesthesia in those days!

When one recalls further that during this half century practically all of what we call modern dentistry was discovered and that the writer has had an important hand in this development, one will come to the realization that this work can be nothing less than extremely interesting. For example, the gold hammer, the coffer-dam, crown and bridgework, the oxyphosphate cement, the glass inlay of Herbst, the various kinds of dental engines, the electric oven, Jenkin's porcelain, cocaine, novocaine, conduction anesthesia, Roentgen rays, the gold inlay, to name only a few of the most important developments.

Kells was the first to use an electric dental engine with the help of a street-current; a few months after the discovery of Roentgen he was already taking x-ray pictures; he invented the compressed air application to dental mechanics; and he, in addition, busied himself with the devising of the most varied kinds of inventions. He himself gives a list of thirty patents for which he had made application, including, among many others, a fire-alarm signal and an automobile self-starter! All this will give the reader of this article some idea of the activity of this man, a man who stands at the head of a very large practice and who has held numberless lectures in all parts of the United States.

In his descriptions of the development of Roentgenology one finds the tremendous difficulties which beset the pioneer and in conclusion one finds a report of a lecture of his on this subject given in January of this year in Chicago, on which occasion he was able to exhibit two dental films, just transmitted from New York to Chicago by telephotography in seven minutes and twenty seconds, and accompanied by a telegram from the telegraph company explaining that the first dental radiograms had been sent to him in recognition of his thirty years' experience in the field of Roentgenology, on the occasion of this special lecture.

These are but a few hasty selections from the rich contents

of this remarkable book, a book which one cannot review. It must be read. One must possess it.

The symbol of the torch-bearers is familiar to all. When one bearer can continue no longer because of exhaustion he passes the torch on to another, then this one passes it to a third, and so on, it being absolutely essential, that no matter what happens, the torch must be kept lighted.

And so this septuagenarian concludes his book with the remark that reward for his work and his trouble he has found more than enough in the appreciation and friendship and confidence of his patients, in the warm friendship of his colleagues and in the expressions of appreciation from strangers in all parts of the world.

The hours at his writing table have been spent in the hope that he might be able to give some assistance to his brothers-in-arms. All that he knows he has learned from others. And so he is anxious, on his part, to pass it on to still others.

Pass it on!

The torch-bearers!

These lines are penned on the one hand to arouse my colleagues to read this *life-book* of a dentist, and on the other hand, to express and to certify, here in the Netherlands, to our reverence and admiration for this *life-work!*



Defects that We Build into Our Bodies

By J. A. JESSEN, D.D.S., Santa Rita, New Mexico

AS to modern thought regarding diet, we can state that the controversy is now between Mr. Calorie and Sr. Vitamin.

Yes these defects are most surely built into our shells, but to make matters worse the same forces, are active after we sally forth into post uterine life.

What are these forces?

Faulty diet. Calcium starvation; vitamin starvation; organic and inorganic salt starvation; radiant energy starvation; in fact all those things which are milled out of our grains and which are not built into our meats; processing and long storage of all foods.

Lack of exercise. Assimilation and metabolic processes cannot be functioning at their maximum unless we are using the old carcass in such a way that the cell appetite is good. If one feels like the devil after Lent upon arising in the morning we might say that each cell hones for its coffee and a cigarette before it begins its daily tour of duty. Its bowels are a bit sluggish.

Overcrowding. Foul air (laden with micro-organisms) befouls the entire respiratory tract. Gases, dirt and bugs enter. The cleansing secretions contain about ten times as many bugs as they should. Thermostatic equilibrium is off. Overheating and sudden chilling cannot be compensated. Personal observation on prolonged hunting trips leads me to believe that the infection is the more important.

Faulty housing. The air in most houses and offices is full to saturation of the things that it should be free of. Too much heat. Too much dust. Too many bugs. It seems to me that minute particles of cotton are very damaging. We may not get as much as a cotton mill operative, but we get too much, more especially while we sleep.

Venerals. Pre-natal and post-natal infections. Consequent damage to the cells and their relative arrangement.

Hypoplasias. Structural defects. Physiologic abnormalities. In my mind these are often due to casual infections.

Why cannot the foremost men in certain sciences collaborate in such a manner that they can bind known facts and observations into a crystallization of definite knowledge, that will lead us out of the wilderness.

A modern oracle.

A naturalist of the first order to tell us of wild life.

A veterinary of broad training to tell us of domesticated animals.

Various medical specialists who are also naturalists. A dental specialist who is also a naturalist. Could they not tell us why the *genus homo*, the chosen of God, is decaying while yet he lives?

Why the deterioration and the easy invasion by bugitos so long before somatic death supervenes? Do we worship false gods? Has the Power That Is, the All Seeing Eye, not put many things before us so that we may observe and profit thereby? Are we damned by an intelligence that will finally destroy us? Cannot the poor dumb brutes teach us anything?

In late years the discovery of many scientific facts regarding the repair of damage done by infections and accident have taken our attention from certain other truths that should be perfectly obvious since they are before our very eyes each day throughout our existence here below in the valley of death. Infant mortality has been decreased. Can that be said of the rest of us?

Inherited defects. A child shows certain irregularities in

dental development, that are demonstrable in the parent. Or he has a proboscis, or eyes, or hair like one parent or the other. Is it not true that each cell, each organ, show these same characteristics? How about his Islands of Langerhans? His various other histological and anatomical structures? How do animals adjust themselves to their environment? What produces the "dogey," or the "runt"? Will his liver upon close examination prove to resemble that of one parent or the other? Yes it looks just like his Paw's. What are these forces working on us and upon all animal life? Is it the will of God? You that have eyes—should use them to read what some fellow says. The old bean makes a very convenient hat rack. You catch cold easily because you have not been well lately.

I do not state that the fact that one can have his liver chopped on very comfortably and very safely or his appendix removed with no pain and very little cost has warped our minds to the reparative, away from the preventive. It does seem, however, that if these things were impossible we might work harder to discover methods to prevent these infections that make these operations essential to life for so many individuals. While it is true that one can secure a new lease on life for a very nominal sum today, it also seems true that preventive measures have received less con-

sideration. If one were very cold blooded he might state that as long as we bolster up the moribund individual until he can propagate his kind, just so long will we continue to have physical and mental deterioration. I must admit that should I find myself "homeward" bound I would yell as lustily as possible for succor. I am speaking of the other fellow, not of myself. God forbid.

Anyone who has stood at the dental chair as long as have I, will say, "Very well, set up your Oracle." The masses have lost all respect for oracles and, for most everything else excepting the straight eight. How are you going to control the human animal? He is more perverse than a pig, a cow or a burro. He is not amendable to the same methods. How the devil are you going to practice preventive anything unless you are a veterinarian? You cannot make people have their teeth repaired any more than you can make them keep their mouths clean. You cannot make them eat and drink certain things by appealing to logic. Witness the workings of the Volstead Act. I suggest that if enough money is spent showing pretty girls with fine hosiery and the mouth of youth it can be done. You can make them eat horseradish for breakfast if that will make them lose

twenty pounds or one stone. Might show a man in the movies devouring a bale of hay and then licking twenty men twice his size who have been deprived of their hay.

I am very anxious to have a law passed so that everyone who does not believe as I do will be fined not less than \$5,000, confined in the county jail for not less than fifty years nor more than two hundred. If we had such a law, perhaps, we could practice preventive dentistry. As it is, they come in only after three sleepless nights.

However, I am wandering from my subject. Let us return. We were choosing personnel for the Oracle. I will leave that to a vote. Only those composing the Oracle may vote. I insist on naming its location though. I suggest that they all sit in my flivver. Enough poisonous gases escape from a crevice in the engine to overcome the multitude in about three breaths. They would believe most anything that might be told them until they got on their feet again. People seem to want to talk dentistry and medicine on the street anyway. They are reluctant to bring the old carcass to the office. How much will it cost, and what's the matter with my gums, etc.? When can I get an appointment?



EDITORIALS

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.



Cancer*

THE statement of facts and opinions from the Lake Mohawk Cancer Control Meeting is interesting because some of the statements are facts and some are opinions.

At one point the statement is made—"It may be doubted whether all dentists fully realize the help which may be obtained from x-ray photographs," etc. This was so far from the fact that I changed the wording to be more in keeping with present-day knowledge.

In paragraph (1) the statement is made that the causation of cancer is not completely understood. This is a mild wording of the case. It might be more accurate to say that the causation is only very slightly understood and that even accepted symptoms are sometimes contradictory. It is also true that the only cures are on the very early cases.

*See article, page 1933.

The cancer patient who can have the cancer cut out before it becomes a cancer is the lucky one.

The cancers that are cured are probably not cancers. They just looked like it.

The big fact is that all abnormal growths and persistent inflammations should be looked upon with grave suspicion and treated early and completely.

This is particularly the case in warts, moles, modules, lancoplakia, epalis, cyts, ostemas and all other surface nelplasmas.

The deep nelplasmas can only be discovered later, when attention is drawn to them by symptoms.

Consequently surface nelplasmas promise the greatest percentage of cure because they can be discovered early.

Don't delay—get rid of all abnormal growths at once. Surgery and good surgery is the mainstay in the care of cancer. Very little can be said in favor of radium.

Radium has been a great disappointment. X-ray is reasonably useful.

There is no question that great efforts must be made to discover the cause and cure of this terrible condition.

The Modest Beginning

NEARLY fifty years ago Dr. Edwin J. Darby and Dr. Charles C. Essig were directed by the Trustees of the University of

Pennsylvania to open a dental school as a component of the U. of P.

Dr. Darby went to West Philadelphia to start the school with some sixty students enrolled. The only rooms available were those formerly occupied by stray dogs that had been captured for use in vivisection in the university medical school. So it can truthfully be said that the present Dental Department of the University of Pennsylvania has steadily risen from a dog kennel to the first rank among the dental schools in the world.

When Dr. Darby was a student sixty-two years ago, the requirements were very modest. It took Dr. Darby four months to complete the entire dental course of those days. If some of the modern youths—that is they were youths when they started—should exhibit ability in proportion to the difference between the four months of Dr. Darby's course and the five years of their own, genius will be the dental profession's middle name.

In his commencement address to the seniors at U. of P. Dental School, Dr. Darby had some interesting reminiscences to tell:

I recall an experience Dr. Banes had when being examined by Professor Samuel D. Gross for his degree. Dr. Gross was a distinguished looking man and a great surgeon. He lived at 11th and Walnut Streets, his office being on 11th Street. Banes went in the evening for his examination, and the first thing Dr. Gross said to him was "What is your name, sir?"

"Arterius Valerius Banes."

"Where are you from, Mr. Banes."

"I am from Missouri." (It was just after the Civil War.)

"Were you a rebel, sir?"

"No, my people were Union people."

"Hum—well, Mr. Banes, if a man were blown up with gunpowder and you were called to see him what would you do first?"

"Well, professor," said Banes, "I would wait until he came down and then decide."

"Mr. Banes, your examination is eminently satisfactory. You may go."

He picked up his cap, and started for the door. The old gentleman followed him and said to students waiting outside:

"Ha, ha, see him run, see him run."

That was a sample of the examinations many men received from dental and medical schools sixty years ago. You men have had a different experience. You have passed a written examination, and I am pretty sure that you didn't get off with one question.

I have been pondering in my mind while sitting here this evening how many men of the graduating class are going to make a success in life. How many of you are going to be eminently successful? Of course, nobody can tell now. It is not always the brightest man—not always the valedictorian—who always makes the greatest success. The mediocre man who has studied hard and learned thoroughly his calling and sticks to it is usually the most successful in life. Many a man in our profession or other callings starts out with a great flourish of trumpets and in time peters out, loses his interest, his work becomes poor and he finally gives up his profession and takes up something else.

That remark is quite true—many men give up their profession and turn to something else. Why—because the State Board of Examiners force them to do so. There was a time when a State Board of Dental Examiners could only prohibit new graduates from practicing. Then they could stop the dentist who desired to move from one state to another. Licensed, upright practitioners of dentistry were in no danger from State Boards so long as they were willing to give up their rights as citizens of the U. S. A. and be bound to the soil of one state.



LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

Columbus was right: He sighted dry land.

The sweet young thing was saying her prayers: "Dear Lord," she cooed, "I don't ask for anything for myself, only give Mother a son-in-law."

SAYINGS BY FAMOUS MEN

"Keep the home fires burning."—Nero.

"The first hundred years are the hardest."—Methuselah.

"Treat 'em rough."—Henry The Eighth.

"Keep your shirt on."—Queen Elizabeth.

"Don't lose your head."—Queen Mary.

"The bigger they are the harder they fall."—David.

"It floats."—Noah.

"You can't keep a good man down."—Jonah.

"I'm strong for you, kid."—Samson.

Hotel clerk in small town: I see you are just in from Chicago, Mr. Smith.

Mr. Smith: No; that's just a moth hole in my coat.

First Reviewer: Read any books lately?

Second Reviewer: No, but I've written reports on a couple that would be interesting if I had time to read them.

First Roman (at a Christian massacre): We've got a capacity crowd, but still we're losing money. The upkeep on the lions must be pretty heavy.

Second Roman: Yes, sir. These lions sure do eat up the prophets.

Two friends had met after a year or so, to find that both were married. At that, they waxed confidential.

"Say, Bill, does your wife treat you right?" asked the first.

"Well, I can't kick," was the reply.

"You're blamed right you can't—neither can I. Tough, ain't it, old boy?"

A pessimist is a man who has had too much to do with optimists.

She was only a dentist's daughter, but she had her nerve.

Our modern expression, "No Soap," is said to have originated in Russia.

"Sahib, teach me geography," said a native Christian preacher, who could not read or write.

"Why do you want to learn geography?"

"Your Honor, I want to know geography that I may learn the names of more places to pray for."